

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required) OR		Attorney Docket Number	WP21289US	
		First Named Inventor	Gregor Ocvirk	
		COMPLETE IF KNOWN		
		Application Number	TBD	
		Filing Date	February 23, 2005	
		Art Unit	TBD	
		Examiner Name	TBD	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROFLUIDIC SYSTEM WITH HIGH ASPECT RATIO

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 10238825.3	Germany	08/23/2002		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
PCT/EP03/09263	08/21/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Customer Number	23690	Place Customer Number Bar Code Label Here
OR		
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.		

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ **Customer Number Bar Code Label** 23690 OR ☐ Correspondence address below

Name	Marilyn L. Amick				
Address	Roche Diagnostics Operations, Inc.				
Address	9115 Hague Road				
City	Indianapolis	State	IN	ZIP	46250
Country	USA	Telephone	317-521-7561	Fax	317-521-2883

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])				Family Name or Surname				
Gregor				Ocvirk				
Inventor's Signature						Date		
Residence	City	Mannheim	State		Country	Germany	Citizenship	Austrian
Post Office Address	Waldshuter Str. 6							
Post Office Address	Waldshuter Str. 6							
City	Mannheim	State		ZIP	68239	Country	Germany	

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Carlo					Effenhauser				
Inventor's Signature						Date			
Residence	City	Weinheim	State		Country	Germany	Citizenship	German	
Post Office Address	Am Ziegelhof 4								
Post Office Address	Am Ziegelhof 4								
City	Weinheim	State		ZIP	69469	Country	Germany		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Karl-Heinz					Koelker				
Inventor's Signature						Date			
Residence	City	Gruenstadt	State		Country	Germany	Citizenship	German	
Post Office Address	Triftweg 31								
Post Office Address	Triftweg 31								
City	Gruenstadt	State		ZIP	67269	Country	Germany		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
City		State		ZIP		Country			